

AGENCY
Medication Administration and Oral Care Competency-Based Training Checklist

Name:			Date of Plan:	
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Staff: Title: Shift: Trainer:	T = Staff Trained C = Demonstrated competent implementation of Dining Plan N = Not correct/requires prompting N/A = Not Applicable
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Date of Completion

T	C	N	N/A	<u>MEDICATION ADMINISTRATION</u>
				1. Client positioned and aligned according to instructions on Positioning Plan
				2. Liquid consistency used during Med-Pass is as specified in Dysphagia Plan
				3. Staff identifies triggers associated with dysphagia
				4. Staff verbalizes appropriate guidelines to follow should a Trigger be observed

ORAL CARE GUIDELINES

T	C	N	N/A	
				1. Staff correctly locates Dysphagia Plan and Flow Chart
				2. Staff demonstrates oral care in accordance with specified oral care guidelines
				3. Consistency of liquid and presentation of liquid in consistent with specifications in Dysphagia Plan.
				4. Staff demonstrates appropriate positioning methods to be used during Oral Care.
				5. Staff locates Suctioning Toothbrush Guidelines and/or other Oral Care Guidelines.
				6. Staff identifies at least three Dysphagia Triggers

Comments:

Staff Signature: _____

Date: _____

Trainer Signature: _____

Date: _____